

**MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 420)**

SERIAL NO.

FILING DATE

10/28/2008
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2			1				62						
3			1				63						
4				1			64						
5				2			65						
6							66						
7			1				67						
8				1			68						
9				1			69						
10							70						
11							71						
12							72						
13							73						
14							74						
15							75						
16			1				76						
17							77						
18			1				78						
19			1				79						
20			1				80						
21				1			81						
22							82						
23			1				83						
24				1			84						
25							85						
26			1				86						
27				1			87						
28							88						
29				1			89						
30				1			90						
31				1			91						
32				1			92						
33							93						
34							94						
35							95						
36							96						
37			1				97						
38				1			98						
39							99						
40			1				100						
41				1									
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL NO.			12				TOTAL NO.						
TOTAL OFF.			24				TOTAL OFF.						
TOTAL			37				TOTAL						